

REASONS TO OPPOSE ESTABLISHMENT OF A NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

- **Demonstrated Scientific Potential**--In order for an entity to be elevated to institute or center status, the scientific potential of the field should already be sufficiently demonstrated so that the new institute or center can support a thriving intramural and extramural research program. Such potential has not yet been demonstrated or documented in the field of complementary and alternative medicine.

In 1984, the Institute of Medicine developed a report entitled, "Responding to Health Needs and Scientific Opportunity: The Organizational Structure of the National Institutes of Health." In its report the IOM concluded that, before creating a new institute or other major organizational entity, "the research area to be emphasized must have a potential for growth, both in terms of the underlying science and in the number of scientists whose efforts could profitably be directed toward the area."

The current NIH Office of Alternative Medicine was established administratively by NIH in 1991 in response to a recognized need for a focus for this discipline and a Congressional mandate for a study in this area was contained in the FY 1992 NIH Appropriations Bill Report. Subsequently, the Congress established the OAM in statute in the NIH Revitalization Act of 1993. The relatively new field of research in complementary and alternative medicine has only recently begun to develop a research base, and the potential for growth must be further explored before proceeding with the creation of a new Center. In these early years, the role of the OAM would be served best by concentrating on stimulating, coordinating, and monitoring the NIH activities in alternative medicine research.

If each proposal for an institute or center were to be adopted, it would cause significant negative outcomes for NIH and its research programs. Before creating a new entity, it would be prudent to examine in a deliberative manner the need and anticipated value of such actions. A hasty move to create an AIDS institute, rather than the Office of AIDS Research for example, would have divorced the science from the institute expertise, and would have had a detrimental effect on the developing science in this area.

- **Need for Integration of Research on Complementary and Alternative Medicine Within Each Institute**--In order to fully realize the scientific potential of complementary and alternative medicine, this research must be integrated into the NIH Institutes and Centers. The majority of NIH Institutes and Centers are established around scientific disciplines. Developing plans and methodologies around categorical diseases, such as cancer, heart disease, and diabetes, provides a focused, targeted approach to research, capitalizing on the scientific expertise of experts in the field, as well as on the knowledge base on related diseases and conditions. Complementary and alternative medicine, however, does not lend itself to this model. It now is, and should continue to be,

integrated into mainstream medical research across a number of disease areas. The majority of complementary and alternative medicine research is performed and/or supported by the 24 NIH institutes and centers, and is an integral part of the research missions and activities of these components. This breadth of research is reflected in the fact that the NIH institutes and centers supported approximately \$43 million in research in these areas in FY 1996, of which \$7.4 million was provided by the OAM in the form of supplemental grants. The scientists and researchers who are responsible for broad areas of science are most effective when they are able to integrate complementary and alternative medicine into their research portfolio. It is through just such an integrated approach that strides in research on AIDS, nutrition, prevention, women's health, and minority health have been realized. Similar benefits to research in complementary and alternative medicine are likely to accrue through this approach.

The OAM already has broad authority sufficient to allow the Office to carry out the purposes of Senator Harkin's proposal within its current structure, working through the NIH research institutes. The OAM provides a central focus for research germane to all NIH components and provides for a multi-disciplinary approach to the conduct and support of research on alternative and complementary therapies. The current arrangement, whereby the OAM identifies promising leads that are then carried through by the NIH institutes and centers ensures that NIH scientists are able to integrate the alternative medicine research into the various institute/center missions. Divorcing work in complementary and alternative medicine from its current scientific locus within the mainstream research of each institute would result in fragmentation of research and delay obtaining data needed to address the many questions regarding the efficacy of these therapies. The October 1984 IOM report concluded that "a proposed change in the NIH organizational structure should, on balance, improve communication, management, priority setting, and accountability." The proposed structural change for the Office of Alternative Medicine would work at cross purposes with these objectives.

The following two examples best illustrate the ongoing collaboration that is presently occurring between the OAM and NIH Institutes and demonstrates the need for this research to be integrated within the Institutes:

- 1) The OAM, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), and the National Institute of Child Health and Human Development (NICHD), are collaborating to fund research to determine the efficacy and effectiveness of chiropractic care for musculoskeletal disorders, including chronic pain. Scientific administration is being provided by an NIAMS program administrator who is an orthopedic surgeon.
- 2) The OAM, the National Institute of Mental Health (NIMH), and the Office of Dietary Supplements (ODS) are collaborating to fund research to determine the potential benefits and risks of *Hypericum perforatum*, commonly known as "St. John's Wort", for the treatment of depression. The scientific management of this clinical trial will be provided by NIMH staff. (The OAM is funding the study during its first year. NIMH has made a commitment to fund future years.)

- **Additional Administrative Costs**--Establishing the Center would require additional, continuing administrative costs. The new Center would require numerous FTEs, including a Center Director, Deputy Director, administrative/management/clerical personnel, and a larger staff to administer both an intramural and extramural program and to develop the discipline. The costs of travel, supplies, rent, and equipment also would comprise a significant part of the cost of operation of the Center.

These costs would be at the expense of existing NIH research programs, thus reducing NIH research efforts in these areas, including ongoing research in complementary and alternative medicine. Even if new monies were provided to cover these initial start-up costs, funding for these administrative costs in subsequent years would have an impact on research funding because they would have to be built into the funding base; yet, any new monies would best be utilized in the conduct and support of research.

This increased administrative cost would be in conflict with current ongoing NIH streamlining initiatives and would come at a time when the Congress is insisting that NIH hold its research management and support (RM&S) budget constant.

Conclusion

With the focus now on making each research dollar count, a proposal to create a new administrative entity, without demonstrated benefit, runs counter to what appropriators have been trying to achieve with the NIH budget. Consolidation and coordination, not proliferation, is the current theme. As with AIDS research, the OAM provides a broad perspective and a coordinating function, and it serves to stimulate research, while utilizing the expertise of the institutes and centers to carry out the research. Similarly, both the Office of Research on Women's Health and the Office of Research on Minority Health provide the stimulus for institute efforts in these research areas, which some argued were underserved and in need of focus and action at the OD level. Thus, the coordination/stimulation role was appropriately placed within OD, while maintaining the role of research design and scientific endeavor within the institutes where the expertise resides. In an ideal world, the role of the OAM to stimulate the science base for complementary and alternative medicine would diminish as this area of research becomes more developed and integrated into the research programs of the institutes.

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